

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

59-3466616

Part I General Information

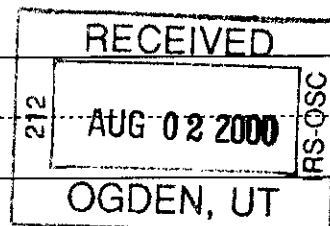
1 Name of organization PETER DILAVORE CAMPAIGN		Employer identification number APPLIED for ON 7/26/00 VIA FAX
2 Mailing address (P.O. Box or number, street, and room or suite number) PO BOX 033184		
City or town, state, and ZIP code INDIALANTIC, FL 32903		
3 E-mail address of organization PETER @ DILAVORE.COM		
4a Name of custodian of records PETER DILAVORE	4b Custodian's address 264 E. EUGALLIE BLVD. INDIAN HARBOUR BEACH, FL 32937	
5a Name of contact person PETER DILAVORE	5b Contact person's address PO BOX 033184 INDIALANTIC, FL 32903	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization
CAMPAIGN TO ELECT PETER DILAVORE, STATE
REP REPRESENTATIVE DISTRICT 30

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address



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